PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 29839337													
		CLAIMS A	S FILED (Column			ıma 2)			ENTITY		OTHE	R THAN	1
TOTAL CLAIMS 23								RATE	FEE	7	RATE	FEE	1
				FILED NUM		BER EXTRA	Ì,	BASIC F	EE 355.00		BASIC FEI		1
TOTAL CHARGEABLE CLAIMS 23 ml				nus 20:	• 3			X3 9:		OR	X\$18=	54	
INI	DEPENDENT C	LAIMS ·	4 minus 3 =		1			X40-		- 1	XŚO»		
MILITIPLE DEPENDENT CLAIM PRESENT									+	OR		80	l
• #	the difference	in cohmon 1 ic	+135=	_	ОЯ	+270=							
CLAIMS AS AMENDED - PART II / TOTAL CR. TOTAL											844 THAN ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENDMENT	* :	HIGH NUM PREVIO PAID	EST BER BUSLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ALLENDMENT	Total	. 23	Minus	- 6	23			X\$ 9=		OR	X\$18=		ŀ
ALLE	Independent	<u> </u>	Minus		<u>t </u>	<u> </u>		X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT					M		+135=		OR	+270=		
413/06 84910								TOTA DOIT, FE		ОЯ	YOTAL NOOTT. FEE		
-	(Cotumn 1) (Cotumn 2) (Cotumn 3)												
ENT 0		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	LER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total .	. 23	Minus	(0	3	-		X\$ 9=		OR	X\$18=		
	Independent	PERIOD OF MULTIPLE DEPENDENTICIAM		•		X40=		OR	X80=				
-	· ·	MANON OF PA	+135=		OR	+270=							
								YOYA		OR	YOYAL NDDIT, FEE		
		(Column 1)		(Colum	ın 2)	(Column 3)	•	9911. FG	· · · · · · · · · · · · · · · · · · ·	,	RODII. PEE		
EMT C		CLAMS REMAINING AFTER AMENDMENT		HIGHI NILIME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDA	Total	•	euniM	••		•		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	800			 	X40=	 		X80=		l.
	FIRST PRESE	NTATION OF MA	JLTIPLE DEF	ENDENT	CLAIM		╽┠	7463	 	OR	, ADUS		
• #	De entre in cote	na 1 is less than th	e estre la colo	ma 2 was	سم وا ۱۳		L	+135=		OR	+270=		
~ 1	* If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2. ADDIT. FEE OR ADDIT. FEE OR												
1	nuil izerigier eri	ber Previously Pai	d For (Fotal er	independe	ni) is the	n 3, erati 3.° Highest numbe	r tour	d in the a	ppropriate bo				

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